CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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Date Received
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1203*10 AM11 32 city OF IW

Please type or print in ink.

NAME	(LAST)	(FIRST)	(MIDDLE)
ROCHE		MARY	T.

1. Office, Agency, or Court

Name of Office, Agency, or Court:

CITY OF INDIAN WELLS

Division, Board, District, if applicable:

CITY COUNCIL

Your Position:

COUNCIL MEMBER

► If filing for multiple positions, list additional agency(ies)/position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office *(Check at least one box)*

☐ State

☐ County of _____

☒ City of INDIAN WELLS

☐ Multi-County _____

☐ Other _____

3. Type of Statement *(Check at least one box)*

☒ Assuming Office/Initial   Date: _12_ / _02_ / _10_

☐ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

○ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office   Date Left: ____/____/____
(Check one)

○ The period covered is January 1, 2009, through the date of leaving office.

-or-

○ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate   Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: ___1___

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☒ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _12/2/2010_

(d)(5)

Signature

FP